

Fill in this information to identify the case:

Debtor 1 Victor H. Maia

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Eastern District of Pennsylvania

Case number 18-16907-amc

Form 4100S

Supplemental Proof of Claim for Forbearance Claim **02/21**

Please be advised: This Supplemental Proof of Claim is filed in compliance with the requirements of 11 U.S.C. § 501(f)(1) if the Debtor was granted a forbearance under the CARES Act (15 U.S.C. § 9056 or 9057). To the extent the Debtor was provided a forbearance on a loan not covered by the CARES Act, this Supplemental Proof of Claim is filed to provide notice of the loan status and COVID related relief provided to the Debtor. "Creditor" in this form means "eligible creditor" under 11 U.S.C. § 501(f) or creditor that granted a forbearance on a loan not covered by the CARES Act.

Name of creditor: Wells Fargo Bank, N.A.

Court claim no. (if known):
14-1

Last 4 digits of any number you use to identify the debtor's account:

3 4 7 7

Property address: 79 Redwood Drive

Number Street

Richboro
City

PA 18954-0000
State ZIP Code

Part 1: Amount of Loan That Was Not Received During Forbearance Period

List of payments not received during forbearance period:

Forborne (FB) Payment Date	FB Payment Amount	Payment Amount Received During Forbearance	Date Funds Received	FB Payment Amount Remaining
		\$388.38 (Suspense at the time of Forbearance)		
4/13/2020	\$609.43	\$102.15	04/28/2020	\$0.00
4/27/2020	\$609.43	\$609.43	09/11/2020	\$0.00
5/11/2020	\$609.43	\$609.43	09/15/2020	\$0.00
5/25/2020	\$609.43	\$609.43	09/22/2020	\$0.00
6/8/2020	\$609.43	\$609.43	10/04/2020	\$0.00
6/22/2020	\$609.43	\$102.15	10/06/2020	\$0.00
7/6/2020	\$627.27	\$609.43	11/06/2020	\$0.00
7/20/2020	\$627.27	\$609.43	12/11/2020	\$0.00
		\$609.43	12/11/2020	\$0.00
8/3/2020	\$627.27	\$627.27	12/17/2020	\$0.00
8/17/2020	\$627.27	\$609.43	01/12/2021	\$0.00
8/31/2020	\$627.27	\$609.43	01/17/2021	\$0.00
9/14/2020	\$627.27	\$609.43	01/19/2021	\$0.00
9/28/2020	\$627.27	\$609.43	02/16/2021	\$0.00
10/12/2020	\$627.27	\$609.43	03/16/2021	\$0.00
		\$609.43	03/16/2021	\$0.00
10/26/2020	\$627.27	\$627.27	03/24/2021	\$0.00
11/9/2020	\$627.27			\$159.47
11/23/2020	\$627.27			\$627.27
12/7/2020	\$627.27			\$627.27
12/21/2020	\$627.27			\$627.27
1/4/2021	\$652.64			\$652.64
1/18/2021	\$652.64			\$652.64
2/1/2021	\$652.64			\$652.64
2/15/2021	\$652.64			\$652.64
3/1/2021	\$652.64			\$652.64
3/15/2021	\$652.64			\$652.64
3/29/2021	\$652.64			\$652.64

The Debtor's forbearance protection afforded under the CARES Act or under other COVID relief programs expired before the enactment of the Consolidated Appropriations Act (CAA). As a result, it is possible this COVID Forbearance Supplemental Proof of Claim (SPOC) will be filed outside the 120-day deadline as provided in the CAA. However, given the timing of the forbearance, the CAA enactment, the development of the COVID Forbearance SPOC, and that Congress might not have considered CARES\COVID forbearances that expired before CAA enactment, Wells Fargo is filing this SPOC to ensure all parties receive notice of the status of the forborne payments and Wells Fargo's claim to them in this case.

Total of payments not received during forbearance period: \$6,609.76

Part 2: Information About Agreement to Modify or Defer Loan Obligation

Have the Debtor and Creditor entered into an agreement to modify or defer the loan obligation in connection with the forbearance?

☐ Other.

☐ Yes. Attach copies of the writing outlining the modification or deferral:

- ☐ The loan was modified as follows:
- ☐ The amount of forborne payments and the deferral date:
- ☐ See Docket Entry(ies) _____

☒ No. If they have not already done so, Debtor or their counsel should contact the Creditor about any resolutions that may be available to the Debtor. The Debtor may contact Wells Fargo Home Mortgage to discuss a personalized solution at 1-800-274-7025. Written attorney consent may be required to speak directly with the Debtor about these options.

Part 3: Sign Here

The person completing this form must sign it. Sign and print your name and your title, if any, and state your address and telephone number.

Check the appropriate box::

☐ I am the creditor.

☒ I am the creditor's authorized agent.

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information and reasonable belief.

X _____ 11/18/2021
Signature Date
/s/ Alyk L. Oflazian
Print Alyk Lily Oflazian Title Attorneys for Creditor
First Name Middle Name Last Name
Company Manley Deas Kochalski LLC
Address P.O. Box 165028
Number Street
Columbus OH 43216-5028
City State ZIP Code
Contact phone (614) 220 - 5611 Email amps@manleydeas.com